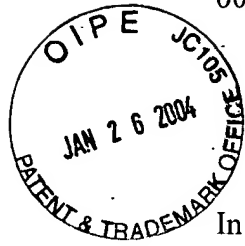


00862.021870.

PATENT APPLICATION



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

TADAHIRO OHMI, ET AL.

Application No.: 09/531,958

Filed: March 21, 2000

For: LASER OSCILLATING  
APPARATUS, EXPOSURE  
APPARATUS, AND DEVICE  
FABRICATION METHOD

Examiner: A. Rodriguez

Group Art Unit: 2828

January 22, 2004

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

Prior to further examination of the above-identified application for which a  
Request For Continued Examination has been filed, please amend the application as  
follows:

I hereby certify that this correspondence is being deposited with the  
United States Postal Service as first-class mail in an envelope addressed  
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-  
1450 on:

January 22, 2004

(Date of Deposit)

Michael K. O'Neill (Reg. No. 32,622)

(Name of Attorney for Applicant)

Signature

January 22, 2004

Date of Signature



REG-2828  
B

In re Application of:

TADAHIRO OHMI, ET AL.

Application No.: 09/531,958

Filed: March 21, 2000

For: LASER OSCILLATING APPARATUS,  
EXPOSURE APPARATUS, AND DEVICE

Docket No.

00862.021870.

Examiner: A. Rodriguez

Group Art Unit: 2828

Date: January 22, 2004

THE COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 11	MINUS	** 21	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 3	MINUS	*** 6	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$145°/\$290						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ to cover the fee for a \_\_\_\_\_ month extension is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
Attorney for Applicants

Registration No. 32622

FITZPATRICK, CELLA, HARPER & SCINTO  
30 Rockefeller Plaza  
New York, New York 10112-3800  
Facsimile: (212) 218-2200

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